UCSF Newsbreak

News for the UCSF Campus Community

VOL. 13, NO. 15 JULY 17, 1998

INSIDE

2 Three students named academic medicine fellows

3 Sandra Weiss recaps term as chair of Universitywide Academic Senate

4-5 UCSF enters new era of cancer research, treatment

UCSF starts program for lesbian, gay, bisexual, transgender community

By PAULA MURPHY

UCSF has joined the ranks of more than 50 institutions of higher education which have established resource centers and programs for lesbian, gay, bisexual, and transgender students, staff and faculty.

The Lesbian, Gay, Bisexual and Transgender (LGBT) Resources was formed as a year-long pilot program out of a need to foster understanding and tolerance as well as to offer information and support.

"I think the establishment of LGBT Resources at UCSF is a very valuable and empowering endeavor in raising visibility of our community as well as a very important effort to educate ourselves and others on campus," says Albert Liu, medical student on the Chancellor's Advisory Committee for Gay, Lesbian, Bisexual Issues.

FIRST APPEARED ON
UCSF'S ELECTRONIC DAILY
UCSF daybreak
www.ucsf.edu/daybreak

"From a student perspective, within student campus life there's often a lot of turnover and difficulty to maintain activism. It represents an important first step in establishing the infrastructure and commitment to providing services and increasing awareness of lesbian, gay, bisexual and transgender issues."

A 1996 campuswide survey at UCSF commissioned by the Chancellor's Committee on Diversity found that the incidence of homophobia occurred on campus at a significant enough rate to warrant attention. That same survey also found that most respondents agreed that training to understand the variety of experiences and perspectives which arise from differences in race, ethnicity, religion, gender, sexual orientation and other characteristics should be required of all staff, faculty and students.

The survey also revealed that some people were afraid to out themselves for fear of the threat of retaliation, a finding that Marylin Dodd, professor and associate dean in the UCSF School of Nursing, found disheartening.

As past chair of the Chancellor's Advisory Committee on Gay, Lesbian, Bisexual Issues, Dodd says it's been difficult to get an accurate pulse on this population, their issues and concerns. The creation of the LGBT Resources may change that.

"I think it's great," says Dodd. "It gives a central place for people to come give assistance or to get assistance for themselves."

Former Chancellor Haile Debas gave the go-ahead in January and the program began on June 15 with the arrival of its first coordinator, Michael Scarce to the Woods Building, as part of the UCSF Women's Resource Center.

To reflect the broadening of its mission, the Women's Resource Center will officially be renamed The Center for Gender Equity on Sept. 1.

The role of LGBT coordinator was envisioned as a liaison, adviser and educator, to teach people "about the effects of their behavior, the effects of homophobia and how it affects people in employment and academic positions," says Amy Levine, center director.

"There are a lot of existing organizations on campus doing really positive work and this position is not meant to

(See **Resources** on page 8)



Chris T. Anderson

Center to translate research into care

Scientists, patients and city leaders, including Mayor Willie Brown, celebrated the July 7 groundbreaking for the clinical cancer center building at UCSF/Mount Zion Medical Center, part of UCSF Stanford Health Care. "The new building will help to develop a structure that encourages dialogue between lab and clinical scientists and therefore encourages translation of lab research into new therapies," says Frank McCormick, director of the UCSF Cancer Center and Cancer Research Institute, pictured right, with Chancellor J. Michael Bishop. For more about the cancer center and groundbreaking photos, see pages 4 and 5.

Quest for cure pays off for patient with brain disorder

The successful treatment of a man who suffered from a rare form of a condition known as "sagging brain" demonstrates the importance of exhaustive neurological scrutiny before concluding that a patient has an untreatable brain disorder, says UCSF Stanford Health Care neurologist Samuel Pleasure.

Patients and their families should advocate for the most advanced neurological examinations possible when there is an unclear diagnosis so that "oddball cases don't get missed," says Pleasure, adjunct instructor of neurology at UCSF.

"If this man's partner hadn't pushed for some kind of answer, I don't know where he would be right now."

Pleasure was chief resident of the neurology service when he encountered a 51-year-old Sacramento computer programmer who was ultimately diagnosed with the rare syndrome but was otherwise in excellent health. His story is published in the June issue of *Neurology*.

"It is unclear whether the case we describe, involving cognitive decline and a nearly indiscernible cyst, is the first that has ever occurred or whether it occurs more commonly and has simply not been diagnosed accurately.

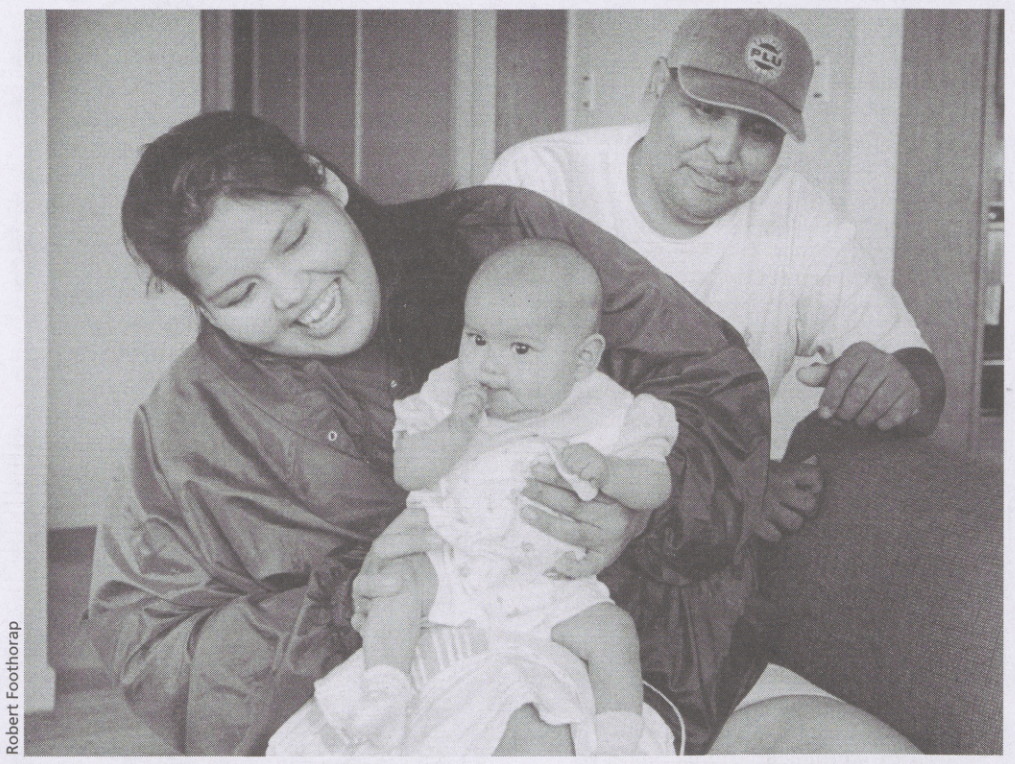
"Regardless," Pleasure says, "there are many neurological disorders that may mimic the more common causes of dementia that simply don't get diagnosed accurately. A minority may be treatable. But even in the cases where they aren't, it is better to have an accurate diagnosis."

Physicians in the man's hometown had conducted an MRI (magnetic resonance imaging) scan of his brain that suggested he had spontaneous intracranial hypotension, or "sagging brain," the result of a hole or tear in the sac around the spinal cord that causes fluid to leak into surrounding tissue. The resulting loss of pressure in the sac causes headaches and other symptoms such as visual abnormalities and the auditory disorder tinnitus, characterized by a ringing in the ear.

Such tears to the spinal fluid sac are not uncommon following spinal taps or other forms of neurosurgery. They can also occur when otherwise benign cysts

(See **Brain** on page 7)

Navajos turn to UCSF for answers to rare genetic disease



Robert Foothorap

Parents Geneva Bighorse, left, and Wilfred Neztsosie smile in relief at their daughter, Chasity, who is recovering after a bone marrow transplant at UCSF.

By JANET BASU

It took only a few minutes for doctors in Tuba City, Arizona to diagnose four-month-old Chasity Neztsosie's symptoms — she was born with severe combined immunodeficiency disease (SCID).

Within half an hour they were on the phone with Morton J. Cowan at Lucile Packard Children's Health Services at UCSF, part of UCSF Stanford Health Care.

Two days later Chasity and her mother took a medical evacuation flight to San Francisco for a mother-to-daughter transplant of healthy bone marrow stem cells. The bone marrow transplant is Chasity's only chance to build a robust immune system to fight off infection.

Chasity now is going home, four months after her March 11 surgery to receive bone marrow stem cells from her mother. Bone marrow is the spongy material in the center of the bones; stem cells are the factories in the marrow that manufacture all the components of blood, including white cells that help fight infection.

UCSF has pioneered a type of bone marrow transplant for babies like Chasity, who do not have a relative with perfectly matched immune system markers: A parent who is a close match donates stem cells that are specially treated to make them suitable for transplant.

Chasity tolerated the procedure well, Cowan says. "Chasity was quite ill and emaciated when she arrived at UCSF. But she has responded nicely to treatment. She is developing and growing and we are optimistic that she will be cured of her immunodeficiency disease."

It was lucky for Chasity that her parents had brought her home that week late in February to the Navajo Nation. In Las Vegas, where the little girl and her twin brother were born, doctors did not recognize Chasity's symptoms because SCID is very rare in the general US population. But when her mother, Geneva Bighorse, brought the baby in to the Navajo Area Indian Health Service in Tuba City, health workers knew exactly what her frequent fevers, rashes and the

(See **SCID** on page 7)

Three named academic medicine fellows

Medical students Leonard "Razzu" Allmond, Mark Carlisle and Gabriel Soto have been selected as 1998-99 Academic Medicine Fellows.

The Fellowship Program in Academic Medicine, which is sponsored by the Bristol-Myers Squibb Company, provides research funding to medical students who show exceptional potential for careers in research and academic medicine. Each student will conduct basic research on a question of medical importance and will participate in a national three-day symposium. Allmond, Carlisle and Soto are three of only 34 students selected for the prestigious award this year.

Allmond, a third-year student in the School of Medicine, graduated from Princeton University in 1994 with high honors in chemical engineering. He has already had a significant research career, having completed projects on topics as diverse as muscular dystrophy and the molecular basis for aging. Allmond plans to spend a portion of next year working with Jeanine Weiner-Kronish in the department of anesthesiology to develop antibody-based methods for treating or preventing the pneumonia caused by *Pseudomonas aeruginosa,* the gram-negative bacteria that are most frequently responsible for pneumonia in hospitals. The immediate goal of his project is to determine which of the *P. aeruginosa* proteins should be targeted for antibody neutralization.

Carlisle entered UCSF's medical school after earning dual degrees in biochemistry and biology from Rice University in 1996. While he was an undergraduate at Rice, he explored factors involved in myoblast development. Last summer, Carlisle received funding from the School of Medicine to work with Cosmo Fraser, department of medicine, on the effects of low blood sodium levels, hyponatremia, on elderly nursing-home patients. Carlisle will continue his work with Fraser and will explore the molecular basis for gender differences in the response of the brain to hyponatremia.

A fourth-year medical school student, Soto completed his BS in biochemistry at UC San Diego in 1994 and has accumulated substantial research experience in neuroscience and radiology. The award from the fellowship program will allow him to work with Kent Olson, medical director of the San Francisco Bay Area Regional Poison Control Center. Under Olson's supervision, Soto will conduct a study of the availability of and the physician awareness of toxicological screening in California's hospital laboratories.

Levine makes a difference



Levine

Amy Levine, director of the UCSF Women's Resource Center, was recently awarded a "1998 Women Who Make a Difference" award by the San Francisco chapter of the Commission on the Status of Women (COSW) for her exemplary service to the community in the areas of employment and academic, economic and social advancement for women.

"I feel honored and thrilled to be recognized by the Commission along with five other women in the Bay Area," says Levine.

In 1984 Levine was the founding director of the resource center, which offers lectures, workshops, support groups and sexual harassment advising. It also offers self-defense classes as part of its Rape Prevention Education program.

"Our mission is to effect social change through these programs and services that are designed to promote gender equity," says Levine.

The resource center is broadening its vision and role in the community and is changing its name to the Center on Gender Equity, effective Sept. 1, to reflect those changes, including the addition of a component to encompass lesbian, gay, bisexual, and transgender resources. (See page 1 for story.)

Under the auspices of the UCSF Chancellor's Advisory Committee on the Status of Women (CACSW), UC Berkeley and UCSF Stanford Health Care, the resource center hosted the first symposium for women in university settings, which drew 200 women together to critically examine and discuss where women are today in the academic arena. The resource center is planning another women and leadership symposium scheduled for the year 2000 that will invite those interested in women's issues from all the UC campuses throughout California, Levine says.

In addition, the center, in collaboration with the UCSF CACSW, has been able to initiate policy change over the years that supports gender equity at UCSF. For instance, Levine recently served on a committee that developed a sexual assault policy for UCSF which is currently under campus review.

Levine was also instrumental in planning the State Assembly's Select Committee on California's Women public June hearing that was designed to make recommendations to legislators to improve the status of women's health in California.

Levine will be honored for her efforts at a COSW ceremony on Thursday, Aug. 13 at the San Francisco City Club, from 5:30 to 8 p.m. The event is open to the public and will kick off the annual California Commission on Women's convention.

SFGH receives two national awards

Two patient programs at San Francisco General Hospital were honored by the National Association of Public Hospitals (NAPH) at its recent annual meeting in Boca Raton, Fla.

One of the association's top awards went to a hospital program designed to reduce the number of emergency department visits by "high-user" patients. This honor, the "Jim Wright Vulnerable Populations Award," was presented to the SFGH Emergency Department Case Management Program.

Now three years old, the SFGH emergency department case management program uses case managers to establish a personal relationship with frequent emergency department users, a majority of whom have overwhelming medical and social needs. By providing them assistance with appointments, entitlement paperwork for housing and financial aid, medical care, substance and mental health treatment, and other support services both in the hospital and in the community, the program has cut emergency department visits by 21 percent, hospitalizations by 30 percent, homelessness by 44 percent, substance use by 38 percent, and cost to the health delivery system by 55 percent, according to a preliminary analysis of 45 patients in the program.

The program is directed by Robert Okin, chief of SFGH psychiatric services and UCSF professor of psychiatry, and Alicia Boccellari, director of SFGH psychosocial medicine and UCSF associate clinical professor of psychology. Kathy O'Brien is program coordinator and James Oh is medical director.

An honorable mention in the "Healthy Communities Service Award" category went to a two-phased program dedicated to improving the health care response to domestic violence. The first phase developed a model for the assessment, documentation, intervention, and referral of domestic violence patients that could be used by all health care providers in the emergency department setting.

The second phase, which began in 1996, has focused on taking this model to community clinics and other local settings to provide a consistent approach and protocol when caring for domestic violence patients or others at risk for abuse. More than 350 providers in community settings have undergone training, and the effort has resulted in a marked increase in documentation of injuries and in appropriate intervention.

The program director is Beth Kaplan, UCSF assistant clinical professor of surgery who works in emergency medicine at SFGH. Phase two program leaders are David Offman and Leigh Kimberg, both of the Community Health Network; and Kate Monico-Klein, SF Department of Public Health. Program collaborators are Debbie Lee and Sue Martin, both of the Family Violence Prevention Fund.

— Corinna Kaarlela

Private Support

UCSF is pleased to acknowledge the following gifts/pledges of $25,000 or more from individuals, corporations and foundations received June 21 – July 4, 1998.

$1,000,000 or more
Kenneth Rainin
Sandler Family Supporting Foundation
Nora Eccles Treadwell Foundation

$500,000 – $749,999
Josiah Macy Jr. Foundation
The San Francisco General Hospital Foundation

$250,000 – $499,999
Biomet, Inc.

$100,000 - $249,999
Burroughs Wellcome Fund
California HealthCare Foundation
California Urology Foundation
The Jane Coffin Childs Memorial Fund for Medical Research
Mr. and Mrs. Richard Goodyear
The Henry J. Kaiser Family Foundation
Searle Scholars Program/Chicago Community Trust
UCSF Stanford Health Care
Estate of George Wood, '24

$25,000 - $99,999
Abbott Laboratories
Arthritis Foundation
Eucalyptus Associates, Inc.
Genentech Foundation for Biomedical Sciences
The Klingenstein Third Generation Foundation
Respironics, Inc.
Jeanne and Sanford Robertson
Howard S. Slusher
Spinal Cord Research Foundation
Wells Fargo Foundation

Glenn receives Kaiser Award



Glenn

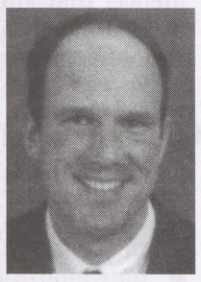
Trevor D. Glenn, clinical professor of psychiatry in the UCSF- Fresno Medical Education Program, is a recipient of the prestigious 1998 Kaiser Career Achievement Award for excellence in teaching.

Glenn, who holds an appointment as clinical professor of psychiatry and is acting assistant dean for academic affairs, has been a member of the UCSF-Fresno faculty since 1976.

Glenn's recommendation for the award was initiated and supported by residents and faculty in virtually all teaching departments, where he was characterized as "devoted and caring with exceptional teaching skills," according to UCSF-Fresno Associate Dean H. John Blossom.

Glenn served as Fresno County Health Director before joining the UCSF-Fresno faculty.

Honors & Awards



Boudewyn

Arne Boudewyn, postdoctoral fellow in neurology: Awarded a grant from the National Multiple Sclerosis Society for $87,604 to support the development of a brief, structured interview measure that can reliably assess psychosocial functioning in MS patients. Building on previous research, Boudewyn and colleagues have determined that MS is associated with many psychosocial functioning disruptions such as psychological distress, most commonly in the form of mood and anxiety disorders; social, economic and occupational functioning; and situational stress related and unrelated to MS. At this time, there is no standardized method for assessing psychosocial functioning in MS patients. Boudewyn joins a team of 200 other investigators worldwide who are supported by the society. He was named a Postdoctoral Fellow of the National Multiple Sclerosis Society.

Stephen R. Hammes, endocrinologist: Awarded a travel grant for outstanding research presented at ENDO '98, the 80th annual meeting of The Endocrine Society, held in New Orleans on June 24-27. Supported by the society, these $500 grants are awarded to graduate students in training, postdoctoral fellows or new faculty and are solely based on the quality of science presented in the abstract. More than 650 abstracts were submitted for travel grants and 100 were awarded. Founded in 1916, the society consists of more than 9,000 scientists and physicians in 78 countries studying and treating diabetes, thyroid disease, osteoporosis, infertility, menopause and other endocrine disorders.

David Kadosh, postdoctoral fellow: Selected for a postdoctoral fellowship award made possible by the Cancer Research Fund of the Damon Runyon-Walter Winchell Foundation. A scientific advisory committee reviewed his research titled "Control of Filamentous Growth in the Pathogenic Yeast Candida albicans." The recipients of this award are outstanding young scientists conducting theoretical and experimental research that is relevant to the study of cancer and the search for cancer causes, mechanisms, therapies and prevention. The three-year fellowships are carried out in the laboratories of the fellows' sponsors. Kadosh's sponsor is Alexander D. Johnson. During the 50 years since its founding, the Cancer Research Fund has gained worldwide prominence in cancer research by identifying outstanding young postdoctoral scientists and providing them with financial support for their research. Each year, of the more than 600 young scientists who submit proposals, only about 50 are awarded postdoctoral fellowships. Today, 137 Runyon-Winchell Fellows are working at leading cancer research institutions in the US and elsewhere.

UCSF Newsbreak

(ISSN0891-6063) Volume 13, Number 15, July 18–July 31, 1998. Published by the University of California, 3333 California St., Suite 103, San Francisco, CA, 94143-0462, 24 issues per year — semimonthly January through September, November; three issues October; and monthly December. Periodical postage paid at San Francisco, CA. POSTMASTER: Send address changes to UCSF Newsbreak, Mail Services, 1855 Folsom St., Suite 156, SF 94143-0888.

Deadline for the next issue, to cover August 1–14, 1998, will be on **Friday, July 24.** Please fax news to Newsbreak at 476-3541 or mail to Box 0462 or email to cisnero@itsa.ucsf.edu. Send calendar items to Nancy Heller at nheller@itsa.ucsf. edu or Box 0462. Fax last-minute copy to 476-3541. For address and distribution changes, call C.J. Burleson at 476-6791.

The University of California is an affirmative action/equal opportunity employer. UCSF fully ascribes to the Americans with Disabilities Act. To view this communication in an alternate format, contact Newsbreak at 476-3256 with your suggestions.

Editor: Lisa Cisneros

Contributors: Andy Evangelista, Paula Murphy, Jeffrey Norris, Nancy Heller and the UCSF News Services staff

Copy Editor: Daniel Rowe

Production Assistant: Jane Bennighof

Carol Fox, assistant vice chancellor, Public Affairs

Jeff Miller, director, Public Affairs

PRINTED WITH SOYBEAN INKS

This publication is printed on recycled paper using soybean-based inks.

Weiss reflects on eventful term as Universitywide Academic Senate chair

By LISA CISNEROS

The third woman in 60 years and UCSF's first faculty member to chair the Universitywide Academic Senate, Sandra Weiss looks back with satisfaction as she winds down her two-year term leading 8,000 faculty throughout the nine-campus system.

While at the helm, Weiss was granted a temporary hiatus from her formal teaching duties at UCSF, where she has been on the faculty since 1974 and is a professor in the department of community health systems in the School of Nursing.

Headquartered at the UC Office of the President in Oakland, where she worked a year previously as associate provost for research, Weiss oversees a $1 million budget and a sizable staff at the Academic Senate office.

Established within the state charter creating the University of California, the Academic Senate is responsible for providing expertise and oversight for all policies related to academic programs, including admissions, degree requirements and other duties delegated by the UC Board of Regents. Through UC's long-standing shared-governance system, a process of checks and balances in policy development that is unique within American higher education, faculty are empowered to advise the Regents and administration on matters relating to the University's academic mission.

While under Weiss' watch, the Regents last year approved merging the patient care services of UCSF with Stanford, a move that tested the system of shared governance as it had when the Regents decided to end affirmative action policies systemwide in hiring, contracting and admissions in 1995.

In the aftermath of that episode, the Academic Senate convened a panel, including Weiss, to review and report on the status of shared governance within the University. The panel's report, published this April, concluded that there was "no intentional disregard for shared governance" in the handling of affirmative action. Rather, the panel reports that the shared governance system is inherently a deliberative, slow-moving process, "especially when controversial issues are involved that deeply divide the academic community."

The panel concludes that the "process essentially broke down, and responsibility for that breakdown was truly shared among the Academic Senate, the Office of the President, and the Regents."

Today, Weiss says she hopes the Academic Senate will learn from these lessons. Weiss will complete her stint as chair and turn over her seat on the Board of Regents to UCLA's Aimee Dorr on September 1, when she starts a one-year sabbatical. She sat down with Newsbreak recently to recap the issues and events that shaped her term.

Q: Why did you want to be a representative of the Academic Senate?

A: I've seen such positive outcomes from shared governance in our University that it just seemed to me we each needed to assume some responsibility for continuing to make it work. So I started with committees here on this campus and then somehow was moved into leadership positions. I chaired the Senate on the San Francisco campus a few years back.

Q: What was your opinion of the UCSF Stanford merger? What position did you bring to the Regents?

A: The role that I played primarily was to help them look as much at both sides of the issue as I could. I think you know that there was and still is a strong segment of the faculty who are very concerned about the merger and it's impact. We still don't know the full scope of it's impact on our teaching and research programs or clinical care. But there are obviously many positive features of the merger, such as those we are seeing in children's services.

One of the things that we did through the systemwide Senate was to be sure that Senate representation from UC San Francisco was brought to the Regents to voice their views. The Regents had an assumption about faculty participation that was wrong. They thought that faculty had been involved from the very beginning and had voted on the merger. In fact, broad discussion of the issue did not occur until well into the process.

Q: So do you think there was a breakdown in shared governance?

A: I don' know if I would call it a breakdown in shared governance. Once it became clear that the merger looked feasible, there was an attempt to get as much active faculty discussion about the issue as possible. The University gets into this very odd situation whereby the key people behind an initiative often feel that a proposal should not be brought to the larger world until it's refined, the problems are ironed out, and there is general agreement about its feasibility. Then, all at once, a fairly well-developed proposal is brought forward and people wonder why they didn't know about it. We all need to do a better job at being open from the start, at least about the general issues under consideration.

Q&A

Q: What other shared governance issues are you dealing with systemwide?

A: Well, there are many issues in the hopper. Admission issues are still salient, including changes in eligibility criteria and the role of external influence on admission decisions. [The proposal to eliminate the use of race and gender considerations for admissions] was a cause for great stir among many of the faculty who felt that some of the decisions being made had not involved faculty in the way that they had hoped. But this year, I have been extremely impressed with how the Regents have sought the faculty's advice and recommendations on all admissions issues. The Senate's Board on Admissions and Relations with Schools has presented to the Regents numerous times on proposals that are under consideration. I think that's a positive reflection not only on the Regents' interest in where the faculty stands on these issues, but also on the administration's attempt to really be sure -- in an area where it's the faculty's primary responsibility -- that faculty are the ones making those decisions and bringing their recommendations to the board.

We have issued a shared governance report recently that makes a number of recommendations on how to improve interactions with the administration as well as with the Regents. We have already implemented some of these recommendations. For instance, at each of our monthly meetings of the Academic Council, which is the executive body of the Systemwide Senate, I have invited one of the Regents to consult with the group. We have had some excellent discussions. The comments of these Regents suggest that it has been useful for them as well as for the faculty.

Q: Did you start that process of bringing in the Regents?

A: Over the years, we have had a few Regents meet with the Academic Council from time to time. But I began a systematic process this year to invite, among others, the chair of the Regents, chair of the Regents' finance committee and the chair of the Regents' educational policy committee. I think we need to have more of this kind of interaction at both the systemwide and campus level. For instance, the UCSF Academic Senate would benefit from bringing some of the Regents to the campus who are most involved in the health science issues. I am pleased also, at the systemwide level, with the way in which the administration has tried to integrate faculty more. We, as you know, have two Senate representatives that sit on the Board of Regents. In addition to that, President Atkinson invited the Senate chair to sit on his President's Cabinet, which was the first time that any president has done that. In the past it has only been the top university-wide administrators who attend. He believes that the faculty's input is quite valuable and that it also helps the administration when the faculty are aware of what's going on so they can begin to get the word out early.

We also have three Senate representatives, including myself, who sit on the President's executive budget committee. So there are many opportunities for back-and-forth dialogue between faculty and administration on important issues.

Q: What do you think is the future of tenure?

I think that clearly over the next ten or 20 years we will see some institutions trying to get rid of it. We are already hearing these discussions at universities around the country. But let me say that I think there are some real risks if we were to move in that direction.

Retaining tenure has nothing to do with preserving some outdated vestige of faculty rights, but rather protection of curricular and scientific integrity. Tenure allows faculty, based upon decades of expertise, to teach what we believe society truly needs in various fields and disciplines rather than being buffeted around by the politics of any particular day. It protects our ability to conduct research with the greatest potential to improve our world rather than being limited to the interests of a current set of policy makers or administrators.

And we have certainly seen instances where a faculty member is doing very controversial but important research. If the faculty member does not have the protection of tenure, there can easily be pressure on the administration to get rid of him, silence her, or whatever.

What's interesting is that this very question of tenure was addressed by the California Citizens Commission on Higher Education, a privately funded group that is making recommendations to the policy makers of the state and to academia regarding the future of higher education. I was asked, along with President Atkinson, to address the commission about this issue. I actually presented twice to the commission and one of the things they were considering was the validity of tenure in the State of California. As a result of those discussions, the commission came to the conclusion that tenure has substantial value. I think the more that groups such as this understand the rationale for its existence, the more we will see support for its continuation. But, this also places an important responsibility with university senates to assure that post-tenure appraisals are effective. Fortunately, UC has a post-tenure review process that serves as a model throughout the world.



Chris T. Anderson

Sandra Weiss

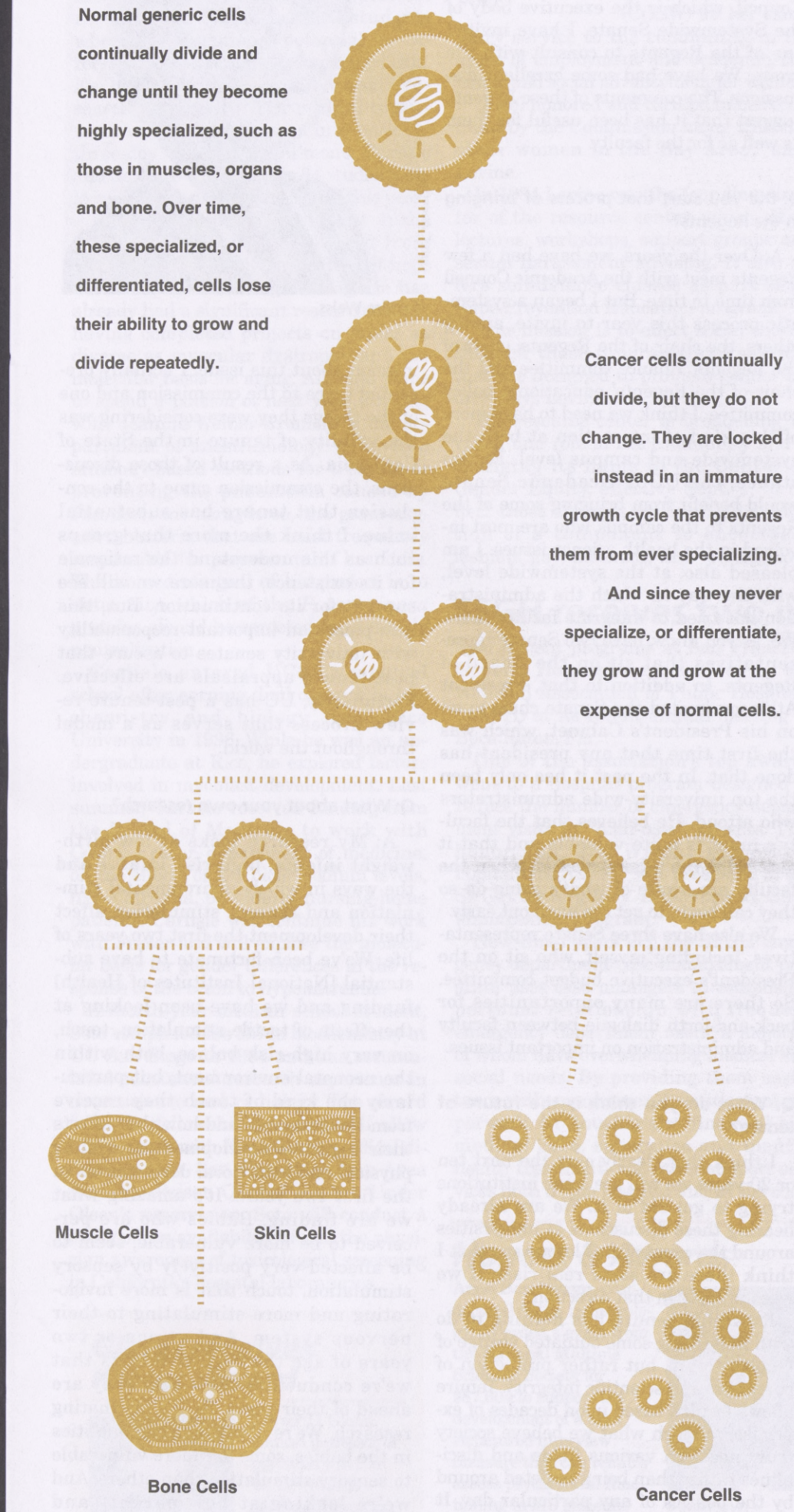
Q: What about your own research?

A: My research looks at low-birth-weight infants, high-risk infants and the ways in which environmental stimulation and sensory stimulation affect their development the first two years of life. We've been fortunate to have substantial [National Institutes of Health] funding and we have been looking at the effects of tactile stimulation, touch, on very high-risk babies, both within the neonatal environment, but particularly the kind of touch they receive from their parents and how that affects their cognitive development as well as physical and behavioral development in the first two years. It's amazing what we are finding. Babies who are perceived to be more vulnerable, seem to be affected very positively by sensory stimulation, touch that is more invigorating and more stimulating to their nervous system. And at one or two years of age the cognitive tests that we're conducting show that they are ahead of their peers. So it's fascinating research. We're also looking at qualities in the babies, some are more vulnerable to sensory stimulation than others. And we're looking at how parents and health professionals can work with the babies to achieve the best outcomes.

Q: How would you sum up your career thus far at UCSF?

A: I love this place. There is nothing I'd rather be doing with my life than to be a faculty member here. And these three years, even though they've been great working over at the Office of the President, just reinforced for me how much I absolutely adore my research and teaching.

GAINING GROUND IN Cancer



A new era in cancer research and care

By ABBY SINNOTT

Embarking on an unprecedented era of cancer research and patient care, the UCSF Cancer Center — the only one in Northern California that unites scientists and clinicians from many sites to collaborate on virtually every aspect of cancer — plans to lead the way.

Using the resources of one of the finest biomedical research universities in the world, the UCSF Cancer Center's mission is to discover and develop new ideas and information about cancer, from basic cancer research to trials, treatment and prevention. This translation from lab to clinic could lead to advances in earlier detection, improved drug therapies and, ultimately, increased survival rates and better quality of life for cancer patients.

Headquartered at the UCSF/Mount Zion Medical Center, part of UCSF Stanford Health Care, the Cancer Center opened its state-of-the-art cancer research building that focuses on translational research last year.

And on July 7, the UCSF community broke ground on the new clinical outpatient building at UCSF/Mount Zion. Its opening next year will add to the synergy and collaboration, which is a hallmark of UCSF's cancer programs. While basic scientists explore cancer's most fundamental causes, clinical researchers are exploring ways this knowledge can be applied, providing patients with access to the latest clinical trials.

UCSF continues to seek designation from the National Cancer Institute (NCI) as a national cancer center. Once the designation is obtained, UCSF and Stanford medical centers, which merged last November to form UCSF Stanford Health Care, will incorporate their basic research and clinical components to become the only comprehensive NCI-designated cancer center in Northern California. Both UCSF and Stanford medical centers were ranked among the top 10 institutions for cancer care by the 1997 *US News and World Report's* annual survey.

UCSF has been a progressive force in cancer science for the past 50 years. In the mid-1970s, J. Michael Bishop, now UCSF Chancellor, and Harold Varmus, now director of the National Institutes of Health, discovered cancer-causing genes called oncogenes. Their work, which opened new doors for exploring the genetic mistakes that cause cancer and formed the basis for some of the most important cancer research happening today, was recognized with the Nobel Prize.

Cancer research and care at UCSF includes four areas of endeavor:

- **BASIC SCIENTIFIC RESEARCH**
  The work of laboratory scientists focuses on understanding normal cellular processes and replication, and discovering the underlying molecular and genetic causes of cancer when these processes go awry. UCSF Cancer Center lab researchers are committed to advancing basic scientific insights beyond model systems and applying them to clinical oncology and cancer prevention and control.
- **CLINICAL RESEARCH**
  Clinical scientists explore how advances in the understanding of fundamental biological events can be transformed into clinical trials and treatments. New and experimental forms of cancer treatment, as well as innovations in cancer diagnosis and prognosis, undergo rigorous evaluation for safety and efficacy. The knowledge gained in clinical research trials translates directly into improved patient outcomes and hopes for the future.
- **PATIENT CARE**
  As part of UCSF Stanford Health Care, the UCSF Cancer Center provides superlative cancer patient care at UCSF/Mount Zion Medical Center and Moffitt and Long Hospitals on Parnassus. UCSF physicians also provide staffing for San Francisco General Hospital and San Francisco Veterans Affairs Medical Center.
- **EPIDEMIOLOGY, PREVENTION AND CONTROL**
  Programs in cancer epidemiology, and prevention and control, concentrate on the behavioral, environmental, and genetic factors that affect the risk of developing certain cancers. Researchers also explore the effectiveness of prevention strategies in the community.

"This groundbreaking marks an important milestone toward achieving UCSF Stanford Health Care's goal of being the first in Northern California to gain National Cancer Institute (NCI) designation for a cancer center," says Peter Van Etten, president and CEO of UCSF Stanford Health Care.



Signing their names to the fifth-floor I-beam are from right, Bill Kerr, executive vice president and chief operating officer of UCSF Stanford Health Care, Bruce Wintroub, chief medical officer of UCSF Stanford, and John Kerner, an obstetrician in the department of obstetrics, gynecology and reproductive sciences at UCSF/Mount Zion who has had a lifelong interest in the research and treatment of women's cancers.



Mayor Willie Brown, right, stops for a moment to talk with Karen Wener, a two-time cancer survivor who is past president of the Hospital Auxiliary of UCSF/Mount Zion Medical Center.

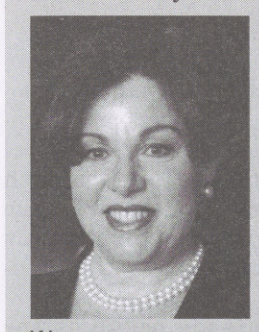


Charlotte Jacobs, director of the UCSF Clinical Cancer Center, left, shares a happy moment with Laura Esserman, director of the Breast Care Center at the groundbreaking ceremony.

Photos by Chris T. Anderson

Survivor has something to cheer about

Two-time cancer survivor Karen Wener was among those gathered to commemorate the birth of the clinical cancer center at UCSF/Mount Zion Medical Center on July 7.



Wener

For Wener and the many friends of the teaching hospital, the groundbreaking ceremony marks a milestone in the development of the UCSF Cancer Center. Expected to open its doors in 1999, the outpatient center will house the clinical cancer programs of UCSF Stanford Health Care, including integrated patient care services for breast, prostate and gynecological cancers as well as melanoma. It also will provide patients like Wener with access to latest experimental protocols.

Wener was first diagnosed with uterine cancer in 1982 and subsequently underwent a total hysterectomy. In 1992, she was diagnosed with level IV melanoma and is classified as a stage III patient, which means that she has a very high risk of experiencing a recurrence of the disease. Because Wener is a stage III patient, her physician, Robert Allen, UCSF clinical professor of surgery, recommended her for a clinical trial of a novel immunotherapy vaccine for melanoma.

Wener entered the trial four years ago, and has not experienced a recurrence of the disease. She says she is extremely grateful for having access to the vaccine and believes this is what has maintained her good health.

Wener's experiences with cancer prompted her to become involved with volunteer work at UCSF/Mount Zion, where she has served as the president of its Auxiliary, which raises money for patient services, such as psychosocial support groups for cancer patients.

"I believe my brushes with cancer are what inspired me to become involved with sick patients and it helps me understand those I work with," Wener says.

– Abby Sinnott

Power plant demolition draws near

As the final tuning and testing of the new Central Utilities Plant on the Parnassus campus comes to a close, crews are preparing to demolish the old power plant.

While the first blow to the old plant is not expected to hit until the month's end, those in campus buildings nearby the project may experience some unusual noise, odor and vibration for the next few weeks, says Laura McCarty, the Facilities Management project manager.

Because demolition activities are subject to discoveries in the process that can delay completion, timeframes are subject to change, she says.

Those interested in the project can call the Central Utilities Plant hotline, 502-7287.

The first part of the demolition project involves removing asbestos, which is a relatively quiet operation, done mostly inside the building. Asbestos removal should have little impact outside the immediate area.

Next, crews will begin a drilling and tie-back process that will stabilize the walls that will remain adjacent to the hillside. Drilling is somewhat noisy, but the sound will be muffled somewhat because the work will be done inside the building, according to McCarty.

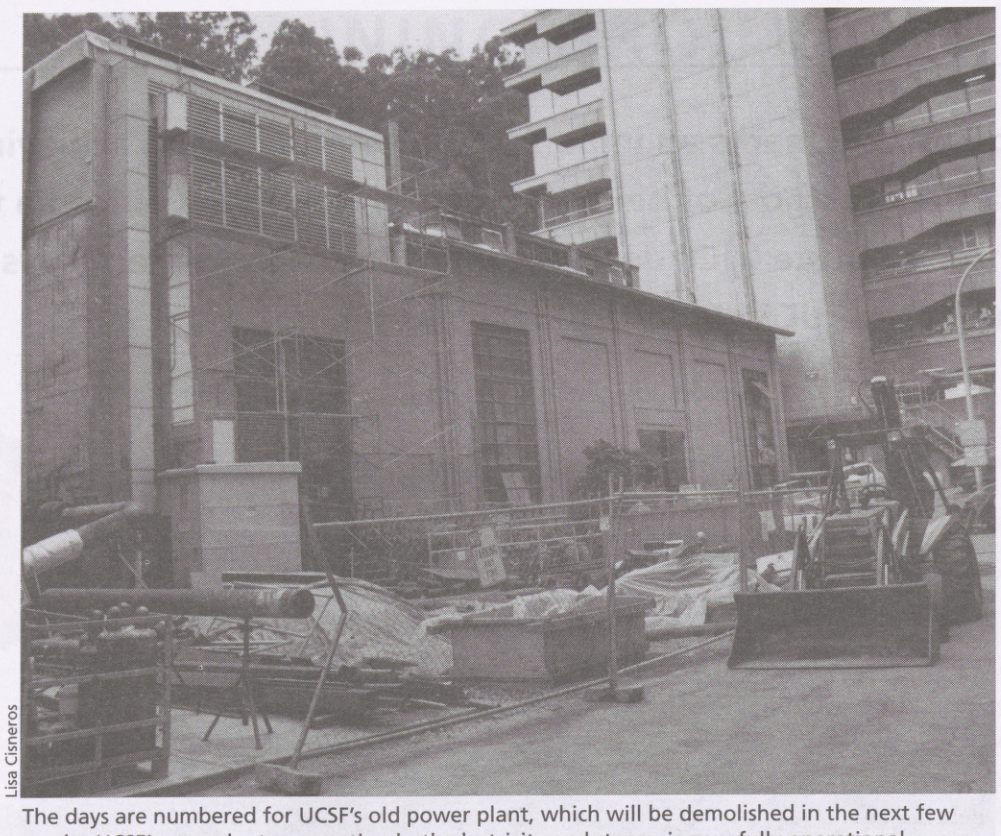
People inside the campus buildings immediately adjacent to the power plant may feel some vibration while standard excavation and demolition equipment, including diesel engines, will be used. The project team will take preventive measures such as using pre-air filters to minimize the infiltration of diesel fumes into adjacent buildings, McCarty adds.

Later, crews will begin what's called the "soft" demolition process when equipment, pipes, lighting and other appurtenances within the building are removed. Trucks, which will carry out the debris for recycling, will affect traffic in the immediate area only. Flag holders will be posted as required.

The "hard" demolition is slated to begin in late July and will continue for up to eight weeks, depending again on whether any surprises are found, McCarty says. This demolition process will create noise, vibration and area congestion at times, but every effort to minimize the impact to the campus and neighborhood communities will be made, she says.

Throughout the demo process, crews will use spray water to keep materials wet to minimize airborne dust, including when trucks haul out debris.

Also this month, two old fuel oil tanks will be dug up and disposed of. Finally, crews will begin backfilling and paving the area after the tanks are removed. Facilities Management hopes to have the area cleaned up — with construction materials and equipment removed from the premises — by the end of October, McCarty says.



Lisa Cisneros

The days are numbered for UCSF's old power plant, which will be demolished in the next few weeks. UCSF's new plant, generating both electricity and steam, is now fully operational.

More noisy work

Due to a project to upgrade the Medical Sciences building, construction crews will be doing some "noisy work" in the early morning hours for the next four to six weeks, says Gene Perry, a project manager in Facilities Management.

As part of the state-funded improvement project, fume hood ducts will be relocated from the inside of the MedSci building to its exterior. To accomplish this, racks have to be installed on the outside of the building which means crews will be drilling holes into the building's face.

The work has already begun on the Parnassus side of the building and will continue to the Saunders side and to the East side of MedSci between Moffitt-Long and the boiler plant. The contractor has been directed not to do any drilling past 8 a.m., Perry says.

Help control nosocomial infections

Dust and debris from the demolition of the old power plant may be a nuisance for faculty and staff working on Parnassus, but they could pose life-threatening infections for immunocompromised patients at the UCSF Medical Center, says Kathy Matthews, infection control nurse.

Therefore, windows in all patient care areas of Moffitt and Long hospitals have been locked shut. Multilingual signs have been posted on all windows, reminding patients and employees that they must remain closed through the demolition process.

Furthermore, all immunocompromised patients should be transported using the Long passenger elevator or the Moffitt service elevators if possible. If it is necessary to use the Long service elevators, patients (not on ventilators) should wear a well-fitting dust mask during transportation. Infection Control recommends using the 3M-N95 mask (turquoise) for adults and the small Tecnol (yellow) maks for pediatric patients. For more information about infection control, call 476-5793.



Lisa Cisneros

Expect construction of MUNI's N-Judah line to last through November. Access to UCSF's Irving Street garage will remain open during the ongoing work.

MUNI work on N-Judah line affects traffic

MUNI is conducting construction work on the N-Judah line along Irving Street between 2nd/3rd avenues and Hillway Avenue through the beginning of October, including some weekend work.

The purpose of the project is to replace the MUNI tracks at the "S" curve of that segment for maintenance reasons and to align with the newly constructed Key Stop located there.

The construction will result in traffic closure on Irving Street between 2nd Avenue and Arguello Boulevard through the project duration.

Only residents local to that segment of Irving will be allowed through. Access to both UCSF parking garages on Irving will be maintained. Detours via 2nd Avenue, Hugo Street, Arguello (partially), Lincoln Way, Willard Street, Carl Street and Hillway Avenue have been established to accommodate the street closure.

Millberry Union parking garage can be accessed via Irving Avenue from the west and via 2nd Avenue. A traffic attendant will monitor and coordinate traffic access to the employee parking garage via Arguello Boulevard; egress from the employee garage will be directed eastward onto Carl Street. Traffic attendants may also be posted at key detour/intersection points surrounding the project area as needed.

Replacement of each Inbound and Outbound track will be executed one track at a time during the 15-week duration. In order to maintain service on the N-Judah line, a temporary crossover track will be installed to accommodate either the Inbound or Outbound line that will be under construction during that period. The crossover track will be installed over the initial weekend of work. Active demolition and construction began June 29. Regular construction hours will be between 7 a.m. and 4 p.m. and periodically until 5 p.m. during which time active construction and noise will occur.

The N-Judah line service will be maintained through the project. However, a service shutdown for one weekend day will be required on Sunday, Aug. 2.

Any questions regarding this work may be directed to MUNI public relations officer Linda Oliva at 554-1678.

CAMPUS BRIEFS

Lawrence Hall of Science offers free admission

University of California staff can visit UC Berkeley's Lawrence Hall of Science free through Sunday, Aug. 30, in honor of the Hall's 30th anniversary. UC employees should show their staff identification for admission to interesting exhibits, including the robotic exhibit "Whales: Giants of the Deep!"

CalPERS extends long-term insurance deadline

The deadline for the 1998 application period for UCSF employees to buy long-term health care insurance for themselves, their spouses, parents or parents-in-law has been extended to Friday, July 31.

UC employees can buy this insurance to help them pay for the expenses of at-home care or nursing home care because of chronic illness, injury or the frailty of old age.

This is the second year that CalPERS, which has more than 100,000 enrollees, is extending enrollment to UC employees and retirees.

Offering the nation's first self-funded, not-for-profit long-term care benefits, CalPERS long-term care insurance plans cost an average of 30 percent less than comparable commercial plans. For more information, call 1-800-469-9889.

Parking permit fees increase

UCSF Parking and Transportation Services raised parking permit fees by 4 percent, making the new annual fee $810 for the 1998-99 fiscal year.

For more information about parking, call 476-2566. For more information about transportation-related matters, call 476-1511.

Millberry Union hikes conference room fees

Millberry Union Conference Center has increased their fees by about 6 percent effective July 1. The increase is necessary to help offset overhead operating expenses, maintenance and repair, says Al Minvielle, director of Millberry Programs and Services.

"We recognize that any fee increase is unfavorable," Minvielle says. "However, this increase represents on average less than 1 percent each year since our last fee increase in 1992."

A list of rates for the 1998-99 year was sent along with notices of the fee hike to administrators last month. Room rental rates for a four-hour period of the entire City Lights Room, for example, will now cost $235. To rent that room for five hours or longer, the fee is $355.

Equipment such as televisions, VCRs, lecterns, easels and flipcharts are complimentary.

Any questions about the information should be directed to Greg Whisman, manager of the Millberry Union Conference Center, at 476-2019.

Get cash back at cafe

The Moffitt Cafe and Grill is now offering up to $40 cash back with ATM purchases of $3 or more. "We feel that by offering cash back our customers can save time by using the cafeteria to get their cash," says Mitzi Dulan, food services supervisor.

"The cash back option will allow us to stay current with the shift towards technological convenience and debit care transactions," adds Leon King, director of the nutrition & dietetics department.

Hearing implants now available to more people

By DIANA MARSZALEK

Cochlear implants, surgically implanted medical devices that improve hearing, are now available at UCSF to a wider range of people with hearing loss.

While cochlear implants have been available for many years to people with essentially no hearing in either ear — defined as profound hearing loss — UCSF's cochlear implant program now makes this technology available to people who hear slightly, which is defined as severe hearing loss, says Jan Larky, coordinator of the UCSF Cochlear Implant Project, a part of UCSF Stanford Health Care.

People with severe hearing loss and reduced speech clarity are encouraged to contact the implant project as part of a study to show the benefits of this implant for those with severe hearing loss.

"These are people who would otherwise have had to wait until their hearing loss progressed to the profound stage to receive a cochlear implant," Larky says.

Now people with severe hearing loss can reap the benefits of cochlear implants before their hearing loss worsens. And while improved hearing is the obvious benefit of cochlear implants, the effects are even more far reaching than that, Larky says.

"It's really about interpersonal, human connection," Larky says. "It's about having the ability to communicate and not feel isolated."

No one knows that better than cochlear implant recipients, such as Win Bottum, a 54-year-old Marin County psychologist who lost his hearing over the course of a year about two years ago.

Doctors still do not know what caused Bottum's dramatic hearing loss. But Bottum says he does know that more than just his hearing was at stake.

Deafness, he says, probably would have cost him his career, and would definitely have affected his ability to communicate easily with friends and family. And he would have lost the sense of safety that comes with being able to hear when home alone or driving, he says.

Though some losses, like the ability to enjoy music, can't always be recovered with a cochlear implant, Bottum says the implant has made all the difference in maintaining the life he knew before his hearing loss.

"For someone who has been hearing all their life and then loses it, it's a miraculous operation. It's nothing short of that," Bottum says. "It's a profoundly saving experience."

Cochlear implants consist of three parts: the implant itself, which is surgically implanted and works by direct electrical stimulation of the auditory nerve; a small headpiece/microphone, which is worn externally; and a speech processor, which is worn on the body. Much like a pager, the implant converts sound into digital signals which are then transmitted to the internal component. Electrodes inside the inner ear stimulate the hearing nerve and the brain interprets these signals as sound.

Getting an implant does not have to be painful or expensive, Larky says. Implant surgeries usually take about four hours, and patients are usually functioning normally and out of the hospital within 24 hours, though some may experience some discomfort or dizziness, Larky says. In addition, cochlear implants are covered by most insurance plans.

Patients for the current study must be 18 or older, generally healthy and have severe or profound hearing loss. Candidates must have worn hearing aids for at least two months with little benefit.

Call 476-2464 for more details or e-mail jlarky@itsa.ucsf.edu.

Directory lists women's health experts

In recognition of the importance of multidisciplinary research, the UCSF National Center of Excellence in Women's Health has created "The Women's Health Researchers' Directory."

About 400 women's health researchers from UCSF, as well as other research institutions in the San Francisco Bay Area, comprise this directory.

The directory includes these sections:

- An alphabetical listing for each individual, with phone numbers, mail and email addresses.
- An alphabetical listing of individuals according to the age group for which their research is relevant: youth, adulthood, mid-life, aging, and elderly.
- An alphabetical listing of individuals under the category which defines the methodologies used when they conduct research. Research methodologic orientations include behavioral sciences, biostatistics, clinical trials, economics, epidemiology, laboratory, outcomes research, policy, qualitative methods and quality of life.
- An alphabetical listing of the topic area of interest and methodologic orientation of the individuals.

People should fax or email a request for the directory to 885-7393 or ucsfcoe@itsa.ucsf.edu. Please include name, mailing address and contact number for questions.

SCID (from page 1)

ulcerating sores in her mouth might mean. Increased awareness and a quick response by Indian Health Service physicians are saving the lives of many of these SCID babies.

"The doctor told me right away that it might be SCID," Bighorse says. Chasity's father, Wilfred Neztsosie, says that it was both alarming and a relief to know the reason for their baby's recurrent illnesses.

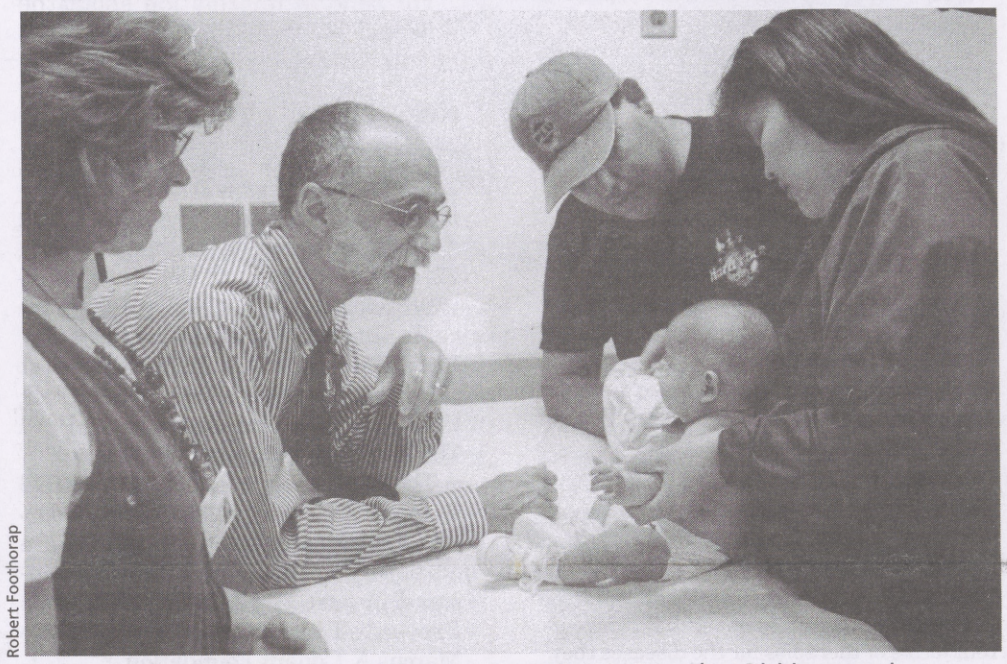
Chasity was not the first baby to be rushed from Tuba City to UCSF for a bone marrow transplant. Over the past two decades, doctors in the Navajo Nation working with specialists from UCSF and elsewhere have identified a particular form of SCID as one of the most common potentially fatal birth defects among Navajos. About two out of every 5,000 newborn Navajo babies have this genetic condition, according to Diana Hu, acting maternal child health coordinator for the Indian Health Service in Tuba City. As many as two percent of the Navajo population may carry the defective gene that causes it.

That means SCID — while still quite rare — is as frequent in this small population as the most common potentially fatal birth defect in the general US population, cystic fibrosis. In the general population, SCID occurs in about one of every 300,000 newborns.

In January 1998, Cowan, Hu and their colleagues reported in the *American Journal of Human Genetics* that the same type of SCID that has struck Chasity and other Navajo babies also is found among the Apaches and a small group of Athabascan-speaking Native Americans from the Northwest Territories in Canada. They localized markers from a SCID-related gene that has been shared by members of these groups since at least 1300 AD.

Infants born with this type of SCID have an absence of circulating T cells and B cells and a severe impairment of T-cell function. With these parts of their immune systems missing, it is difficult to resist a variety of germs that normal children routinely handle with the body's natural defense mechanisms. Typically the child does not thrive and grow as a normal baby would. A bone marrow transplant is the only available treatment.

Cowan directs the UCSF Pediatric Bone Marrow Transplant Division, where the bone marrow transplant team is known for its interest and expertise in treating children with inherited immunodeficiency diseases. "We have diagnosed and treated close to 60 children with SCID from California and other western states and Canada," he says. "They all present with unique problems that we must solve. Overall, 80 percent of these children are cured with a transplant and live normal lives."



Robert Foothorap

Morton Cowan, director of the UCSF Pediatric Bone Marrow Transplant Division, examines Chasity Neztsosie while her parents and Donna Buckendahl, nurse coordinator, look on.

Over the past decade, Cowan has done extensive work among the Navajo and other related Native American populations to find the cause of the disease and to identify the best treatment.

The genetic defect responsible for SCID has not yet been determined. Working to hone in on the specific gene, Cowan and his colleagues recently discovered its approximate location on Chromosome 10. Once the gene is found, health workers will be able to do carrier testing and genetic counseling for the families of patients with SCID. Eventually, the researchers hope to develop an effective gene therapy to treat the disease in utero.

As a result of Cowan's work in Arizona, UCSF has become the major treatment center for Navajo children with SCID.

"We wanted to stick with something we knew was working well," says Hu, the doctor who initially sees the infants and who follows their care. "There are many special issues with Navajo kids and the UCSF team has been sensitive to the culture of these patients."

Since 1986, the UCSF Medical Center has performed bone marrow transplants on 13 infants with Chasity's type of SCID. Of those, 11 are alive and well.

Cowan has joined with Hu and other Indian Health Service workers who are getting the word out among families of Navajos and closely related tribes to look for symptoms in newborns that might indicate SCID. Some parents who have had SCID children have taken prenatal tests to determine if their next child may need treatment for the disease.

"Chasity is doing pretty good now," Neztsosie says. "She's starting to gain weight, and that's our main goal now. We appreciate all the doctors and nurses and social workers who have helped us through this."

Brain (from page 1)

at the juncture of the sac and a surrounding nerve rupture.

In many people the hole repairs itself and the symptoms go away. In most other cases, injection of some of the patient's own blood into the space around the spine — in what is known as an epidural blood patch — ultimately allows the sac to heal. The patch leads to a temporary blood clot, which allows time for the sac wall to permanently repair itself.

In this case, the patient was given an epidural blood patch, and his headache went away. But three days later it was back. The physicians applied another epidural blood patch, but to no avail.

The patient began to get worse, with a declining level of consciousness, memory problems and incontinence. In an attempt to locate the site of a suspected spinal fluid leak, the physicians conducted a myelogram, in which X-rays are taken after injecting a dye into the sac surrounding the spinal cord. They found no hole, yet a repeat MRI continued to indicate characteristics of the "sagging brain" disorder. They injected another epidural blood patch, this time a high volume infusion, which failed to provide relief.

Given the patient's failing cognitive ability — heretofore uncharacteristic of the condition — and the failure to correct the suspected hole, the physicians were concerned that their original diagnosis had been incorrect. It was at this point that the man was admitted to a convalescent home where his condition deteriorated.

The patient's partner, unwilling to accept his advancing decline, sought counsel at UCSF, far from home and outside the couple's insurance plan. She was referred to the UCSF Neurology Service, where she received advice from Robert Fishman, a UCSF professor of neurology, who has seen 25 cases of this extremely rare syndrome (only 50 cases have been reported in the last 10 years). At this point, the scrutiny intensified.

The UCSF team conducted another MRI scan, which suggested that the original diagnosis, spontaneous intracranial hypotension, was correct and that the patient had a particularly severe case. "His brain was pulled down through the opening in the bottom of the skull, squeezing the portion of the brain involved in keeping him awake and alert," says Pleasure.

In an attempt to temporarily treat the loss of spinal fluid pressure causing the patient's symptoms, the physicians administered an alternative to the epidural blood patch, a saline solution transmitted through a plastic tube to the space around his spine.

"Within six hours, he was strikingly more alert and interactive," Pleasure says. "By the next morning, he was almost normal, except for some memory problems."

A computerized tomography (CT) myelogram and an MRI of the entire spine failed to demonstrate a spinal fluid leak. Following the failure to locate a leak, the patient was given another high volume blood patch, and subsequently became alert and had no symptoms other than mild memory deficits. He was sent home. A week later, the headache was back, along with some confusion. His ability to perform normal activities began to decline again.

William Dillon, a UCSF professor of radiology, neurology and neurosurgery and one of the leading experts in the world on the radiology of the "sagging brain" disorder, examined the man's tests and after diligent investigation found a suspicious area. Another myelogram was performed focusing on that area and the leak was found. Another blood patch failed to reverse the leakage and the patient was taken to surgery where a ruptured cyst was identified.

"The hole caused by the cyst was closed through surgery, and the patient completely recovered," says Pleasure. "He's back to work as a computer programmer and his memory is back to normal.

"Neurologists need to know about this syndrome, and other physicians need to remember that many causes of cognitive dysfunction are treatable," says Pleasure.

July 18–31, 1998

19 Sunday

AIDS WALK: See upcoming events.

20 Monday

GRAND ROUNDS LECTURE: Deborah Greenspan, clinical professor, division of oral medicine, department of stomatology, presents *Management of Complications of Radiation and Chemotherapy for Head and Neck Malignancies,* C 701, 8 a.m.

WHITEWATER RAFTING: Outdoors Unlimited is offering a pre-trip class, 7-9 p.m., before whitewater rafting on the river July 26. Wind through the foothills of the Sierra on the American River where the Gold Rush began. Inspiring scenery and exciting rapids are the hallmarks of this Class III river. Raft rental fee: $30/40/50. To sign up, call 476-2078.

21 Tuesday

GRAND ROUNDS LECTURE: Kim Goldman, assistant clinical professor, department of oral and maxillofacial surgery, presents Definitive Management of Maxillofacial Fractures, C 701, 8 a.m.

MEDITATION CLASS: Raj Yoga medication classes are held every Tuesday, noon-1 p.m., S 160. Free. Sponsored by the Institute of Healing Arts and Sciences and the Brahma Kumari Meditation Center. For more information, call 563-4459.

BROWN BAG LECTURE: Christine Yee, personal safety coordinator, UCSF Stanford Health Care, presents *Personal Safety and Summertime Awareness,* 12:10-1 p.m., Mount Zion, Herbst Hall, 2nd Floor. Learn safety tips for home, work, vacation and travel. Sponsored by Public Service Programs. For more information, call 476-4394.

22 Wednesday

GI FELLOWS' COURSE: Jonathan Terdiman, assistant clinical professor, GI division, VAMC, presents *Evaluation and Treatment of the Patient with GI Bleeding* - pt. 2, 8-9 a.m., S 214.

GI GRAND ROUNDS: William Schecter, professor of surgery, SFGH, presents *The Acute Abdomen,* 9-10 a.m., S 214.

BLOOD DRIVE: UCSF Stanford Health Care hosts a summer campus blood drive, 9-5 p.m., MU Conference Center. Lots of great raffle prizes to lucky donors, including a weekend getaway for two, two tickets to a performance of the San Francisco Ballet and gift certificates. Call 476-6989.

BROWN BAG LECTURE: Jay A. Levy, professor of medicine, department of medicine, presents *Marvels of the Immune System,* 12:10 p.m., HSW 300. Learn how the various components of the immune system work together to defend against infectious agents and cancers. Sponsored by Public Service Programs. For more information call 476-4394.

AIDS RESEARCH FORUM: See upcoming events for details.

23 Thursday

AIDS UPDATE: See upcoming events.

GRAND OPENING: The SOURCE Business Services Center, providing computing, copying, and printing, hosts a grand opening celebration 9 a.m.-4 p.m. with special lunchtime events planned from 11:30 a.m.-1:30 p.m. Raffles, giveaways, and free gifts! Millberry Union West, I-Level. For more information, call 476-5061.

GRAND ROUNDS LECTURE: Debasish Tripathy, associate clinical professor of medicine, division of hematology/oncology and breast care center, UCSF/Mount Zion Medical Center, presents *Controversial Topics in Breast Cancer,* noon-1 p.m., N 225.

27 Monday

FOR YOUR EYES ONLY: Richard Abbott, professor, clinical ophthalmology, presents *Better Vision Now,* 6 p.m., UCSF Beckman Vision Center, 8 Kirkham St. Learn new surgery options for the correction of nearsightedness and astigmatism, from laser surgery to corneal implants. Free. Call 476-5021.

29 Wednesday

GI FELLOWS' COURSE: John Cello, professor of medicine and surgery, GI division, SFGH, presents *Acute and Chronic Treatment of the Patient with Bleeding Due to Portal Hypertension,* 8-9 a.m., S 214.

GI GRAND ROUNDS: Sol Silverman, professor, oral surgery, presents *Oral Manifestations of GI Disease,* 9-10 a.m., S 214.

MEDITATION CLASS: See July 21 listing.

BROWN BAG LECTURE: Joel M. Palefsky, associate professor, laboratory medicine & stomatology, presents *Sex and Cancer,* 12:10 p.m., HSW 300. Learn about the human papilloma viruses, their transmission (sexual), and current forms of therapies for the diseases they cause. Sponsored by Public Service Programs. For more information call 476-4394.

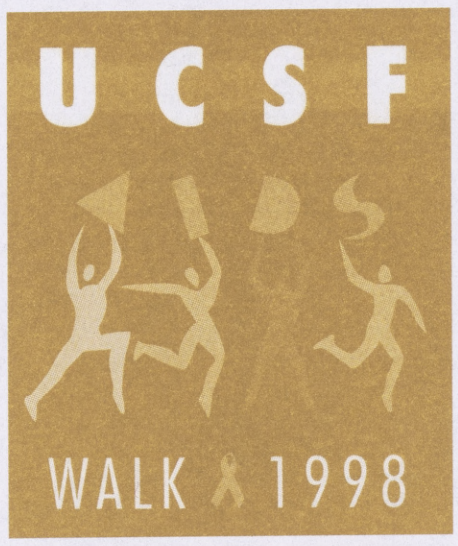
COOKING WORKSHOP: Millberry Programs & Services presents *Healthy Cooking Workshop: Soups, Salads & Appetizers,* 6-8 p.m., MU Fitness Center. Learn to make practical, palate-pleasing dishes that are healthy too! Cost: $32/34/36. To register, call 476-1115.

30 Thursday

GRAND ROUNDS LECTURE: Michael Lesh, associate professor of medicine in residence and chief, cardiac electrophysiology service, presents *New Concepts in the Mechanism of Atrial Flutter and Fibrillation: Implications for Non-Pharmacologic Therapy,* noon-1 p.m., N 225.

UPCOMING EVENTS

Walk to fight AIDS



UCSF and UCSF Stanford Health Care employees participate in the San Francisco AIDS Walk this Sunday, July 19.

For general information about the walk, call 392-WALK or visit the website at (http://www.bonsai.com/aidswalksf/).

Report from World AIDS conference

UCSF researchers will brief the community on news from the 12th World AIDS Conference on Wednesday, July 22, from 1 to 5 p.m., in Cole Hall.

Presentation topics and speakers include: Immunology and Virology, Jay Levy; Behavioral Science, Margaret Chesney; Prevention Science, Ron Stall; Clinical Care and Treatment, Paul Volberding and Policy, Steve Morin.

Thomas Coates, director of the AIDS Research Institute, will serve as moderator. Questions from the audience are encouraged. This symposium is sponsored in part by Abbott Laboratories Presented in cooperation with the Marcus A. Conant Foundation.

Please RSVP to 597-9370.

Three AIDS experts also will give an update on Thursday, July 23, from 8 to 9 a.m., at SFGH, Building 80, Ward 84 conference room.

UCSF-Fresno hosts primary care forum

The UCSF-Fresno Medical Education Program is sponsoring its third-annual conference aimed at family and general practice physicians, pediatricians, internists and other medical personnel who may assist in primary care.

The conference will be held Friday and Saturday, July 24-25 at the DoubleTree Hotel in Monterey. Further information may be obtained by calling the UCSF-Fresno Office of Postgraduate Education at 209/225-6100, ext. 5419.

Registration is $150 for physicians and $125 for UCSF faculty, Fresno-Madera Medical Society members, retired physicians and others. There is no fee for UCSF housestaff.

National HIV directors to speak at UCSF

The AIDS Research Institute is hosting a series of talks by visiting directors from the National Institutes of Health (NIH) and the Centers for Disease Control and Prevention (CDC).

Speakers will discuss directions and trends for HIV science at their respective organizations. This series is open to UCSF scientific community members. Locations for all talks will be forthcoming. In the meantime, please mark your calendars for the following presentations:

Helene D. Gayle, director of the National Center for HIV, STD and TB Prevention at CDC, will speak on Wednesday, July 29, from 3:30 to 4 p.m.

Alan I. Leshner, director of the National Institute On Drug Abuse, will speak on Monday, Oct. 5, from 3:30 to 4:30 p.m.

Steven E. Hyman, director of the National Institute of Mental Health at NIH, will speak on Thursday, Nov. 19, from 3:30 to 4:30 p.m.

Chili and salsa tasting

Chili and salsa lovers should mark their calendars for the Seventh Annual Chili & Salsa Cookoff slated for Wednesday, Aug. 12, from 11:30 a.m. to 1 p.m., in the Millberry Gym. To enter the contest, fill out an entry form located on the EMPACT! website at (www.empact.ucsf.edu).

Racers sought to compete in corporate challenge

The UCSF Racing Team will be competing in this year's Chase Corporate Challenge. a 3.5 mile road race on Wednesday, Aug. 12 at Fisherman's Wharf. Interested runners should contact Jimmy Choy, team captain, at 476-5506 to sign up as soon as possible.

Getaway to Waterworld

UCSF and UCSF Stanford Health Care employees can get wet and wild at family fun day planned at Waterworld USA on Saturday, Sept. 26, from 11 a.m. to 5 p.m. at the amusement park in Concord. For discounted ticket information, call EMPACT! at 476-2675.

Resources (from page 1)

take over any work that's been done but to build on it and coordinate those efforts," Levine says.

Scarce is in the midst of planning LGBT Resources' first steps and is developing a resource library and making contacts throughout campus. He plans to hold sensitivity workshops to help foster a more welcoming environment for students, faculty and staff and to survey faculty on what, if any, content about lesbian, gay, bisexual and transgender exist in their coursework or research.

"Slowly, institutions of higher education have realized that campuses have not been a very hospitable climate for [lesbian, gay, bisexual and transgender] faculty, staff and students. If only for the sake of basic retention, we need to do more," Scarce says.

The mentoring program for students and faculty that he hopes to pilot should help, he adds.

"The mentoring program, I think, will be something of a draw. Many students, especially, will have some professional concerns about how their sexual identity might affect academic evaluations, professional prospects, and career paths. Even if we can't provide them with all of the answers or immediate advising that they need, hopefully we can direct them to someone who can."

Some might question the rationale behind creating such a resource center on campus, thinking it unnecessary in a city such as San Francisco or too narrow in its focus.

Scarce sees the LGBT Resources' legitimacy in terms of fulfilling UCSF's academic mission and creating an equitable climate for the entire UCSF community. It is also especially relevant to a community of health care professionals, Scarce says.

"Part of the reality of this campus is that, being a health sciences campus, our mission is to provide services to people," he says. "Future health care workers typically are not going to have a choice of whom they are or are not going to serve. We need to prepare our students for working with [lesbian, gay, bisexual and transgender] people and issues."

Scarce comes to UCSF via Ohio State University, where he was coordinator of the rape prevention program and was formerly the coordinator for the AIDS education and outreach program.

"Being able to do [lesbian, gay, bisexual and transgender] work in a professional capacity while still working in an institution of higher education was just ideal," says Scarce about his decision to move to San Francisco for the job.

The position is not full time but 60 percent, which gives Scarce free time to work on writing books and journal articles on the themes of same-sex sexuality.

UCSF is not the first UC campus to have a resources program for the lesbian, gay, bisexual and transgender population — in fact, Santa Cruz, Riverside, Los Angeles, Irvine and Davis all have centers; however, not all are staffed by paid professionals.

"More and more frequently, whether it's in the *Chronicle of Higher Education* or on the Internet, you see these new positions being created — it's definitely a national trend," Scarce says. "There's a great deal of symbolic importance — the University is saying that not only do we think these issues are important but we're actually willing to dedicate some resources to create change. I would make the argument that our program will not solely serve [lesbian, gay, bisexual and transgender] people but will serve everyone in some ways. People of all sexual and gender identities will benefit from the education, outreach and programming that we'll be doing."